

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		2					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15		1					65								
16	1						66								
17		1					67								
18		1					68								
19		1					69								
20		2					70								
21		1					71								
22		1					72								
23		1					73								
24	1						74								
25		1					75								
26		1					76								
27		1					77								
28		2					78								
29		1					79								
30		1					80								
31		1					81								
32	1	1					82								
33		1					83								
34		1					84								
35		1					85								
36		2					86								
37		1					87								
38		1					88								
39		1					89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	37						TOTAL DEP.								
TOTAL CLAIMS	43						TOTAL CLAIMS								